

City of Houston, Texas
HOW TO GET A VEHICLE-FOR-HIRE DRIVERS' LICENSE

Please call 281-233-7860 for assistance.

1. STATE ISSUED DRIVER'S LICENSE REQUIREMENT

You must have a valid State of Texas Driver's License

2. AGE REQUIREMENT

You must be 18 years of age or older

3. PROVIDE TWO CHARACTER REFERENCES

Be a person of good moral character with the ability to produce affidavits of such character from two reputable citizens who have known applicant personally and has observed their conduct for at least one year.

4. BE ABLE TO READ AND WRITE THE ENGLISH LANGUAGE

5. MEDICAL REQUIREMENT

You must be examined by a medical physician and have the doctor sign and date the medical examination form (Schedule M), attesting to your fitness to drive a vehicle-for-hire. This form must be completed every four (4) years.

6. CRIMINAL CONVICTIONS

Have no criminal history that is disallowed under the City of Houston's Code of Ordinance. Upon initial application and at renewal intervals of six years, a criminal history will be obtained. The Applicant shall complete any forms and pay any fees required to obtain the report and provide findings to this office.

7. PROVIDE PROOF OF RIGHT TO WORK REQUIREMENT

You must have a valid, unaltered, original Social Security card.

Note: The City of Houston requires that the name appearing on all submitted documents be the same. If you are known by more than one name and your documents do not match, you will be required to go to the agency that issued you the inconsistent document and request a name change on that document.

8. DRUG TESTING REQUIREMENT

Applicant must provide evidence of having passed a drug test in 30-days or less prior to being licensed. Failing the drug test results in an automatic denial of your application.

9. APPLICATION REQUIREMENT

You must complete the Vehicle-For-Hire Driver's License Application form and have it notarized. All questions on the application must be answered. You may also contact the Transportation Office at 281-233-7860 to have the application mailed to you. To ensure that you have properly completed your application, use the appropriate **"Driver Application Requirements Checklist"**, which is attached to this application.

10. Be able to pass a 10 question geographical test of major landmarks in the City of Houston.

Department of Finance and Administration
Regulatory Services Division - Transportation Section
5050 Wright Road
Houston, Texas 77032
281-233-7860 Office
281-233-2052 Facsimile
Monday through Friday
7:00 a.m. until 6:00 p.m.

Driver's License Application Checklist

- ☐ Complete the application in its entirety and have it notarized.
- ☐ Have the schedule C (Character Reference) form completed by two non-related persons.
- ☐ Have the schedule M (Medical Examination) form completed by a licensed physician.
- ☐ Keep the application, schedule C and schedule M together.
- ☐ Take the packet to Municipal Courts located at 1400 Lubbock on the 1st floor for a traffic warrants check.
- ☐ Then take the packet to the Houston Police Department (HPD) located at 1200 Travis on the 10th Floor for fingerprinting and other record checks. Leave the packet with HPD.
- ☐ Allow a minimum of 10-12 working days for processing.
- ☐ Call the Transportation Section at 281-233-7860 to verify that your application has been returned.
- ☐ When the application is returned, go to 5050 Wright Road and present 2 separate money orders:
 - (1) payable to the City of Houston in the amount of \$24.00 and
 - (2) payable to the Texas Department of Public Safety in the amount of \$15.00.
- ☐ Sign an authorization form for a criminal records check.
- ☐ Provide proof of having passed a 5-panel non dot drug test within 30-days of the application along with the chain of custody form.
- ☐ Provide proof of the right to work in the U.S.

Other Application Information

- Incomplete applications will not be processed.
- Only original documents will be accepted. No copies.
- Documents must have identical names and spellings.
- Documents containing alterations, erasures or outdated photos will not be accepted.
- Fraudulent documents will be confiscated.
- Applications are valid for 30-days.
- All fees are non-refundable.



CITY OF HOUSTON

Department of Finance and Administration

Regulatory Services Division

5050 Wright Road

Houston, Texas 77032

(281) 233-7860

fax (281) 233-2052

e-mail: fa.director@cityofhouston.net

FOR OFFICE USE ONLY

TYPE:

____ NEW

____ RENEWAL

____ EXPIRED

VEHICLE-FOR-HIRE DRIVER'S LICENSE APPLICATION

1. What kind of City issued driver's license are you applying? ☐ Taxicab ☐ Limousine ☐ Jitney
2. TxDPS License Number: _____ Class _____ Expiration Date _____
3. Social Security Number _____ Place of Birth _____
4. Name: Last _____ First _____ Middle Initial _____
5. Home address _____ City _____ Zip Code _____
6. Mailing address if different: _____
7. Home Phone ____ / ____ / ____ Business Phone ____ / ____ / ____
8. How long have you resided in Houston, Texas? _____
9. List your places of residence for the past five (5) years _____

10. Height: ____ (feet) ____ (inches) 11. Weight _____ 12. Hair Color _____ 13. Eye Color _____
14. Date of Birth _____ 15. Sex _____ 16. Race _____ 17. Marital Status _____
18. Have you ever applied for a City of Houston license before? ☐ Yes ☐ No
19. Do you have a current city issued driver's license? ☐ Yes ☐ No
If so, what is the license number? _____
20. Have you ever been denied a license? ☐ Yes ☐ No
21. Has any license issued to you ever been revoked or suspended? ☐ Yes ☐ No
22. Have you had any traffic violations during the past twelve months? ☐ Yes ☐ No
If so, please list: _____

23. Have you ever been convicted of a crime? ☐ Yes ☐ No
24. For whom do you intend to drive? _____
25. List your occupation(s) and company name(s) for the past five years. Include your present employer:

Date	Company	Address	Occupation

DECLARATION OF APPLICANT:

Under penalties of perjury, I (print name) _____, declare that I have examined this application and accompanying schedules C (Character Reference) and M (Medical Examination), as required, and to the best of my knowledge and belief, that all the information herein is true, correct and complete.

Applicant's Signature

State of Texas
County of Harris

Before me, _____, on this day personally
appeared _____ proved
to me through _____ to be the person whose name is
subscribed to the foregoing instrument and acknowledged that he/she executed the same for the purposes
and consideration therein expressed.

Given under my hand and seal of office this

_____ day of _____, A.D. 200_____

Signature of Notary

For Office Use Only

MUNICIPAL COURTS (Warrant Check) 1400 Lubbock, 1 st Floor	 _____ Checked By: _____ Clerk; Corporation Court
Houston Police Department 1200 Travis, 10 th Floor	RIGHT HAND 1. Thumb Print FPC: _____
Finance & Administration 5050 Wright Road Money Order # _____ for City of Houston Money Order # _____ for TxDPS	 _____ Application Reviewed By: Investigator: _____ Date: _____
LICENSE NUMBER:	<input type="checkbox"/> Taxicab <input type="checkbox"/> Limousine <input type="checkbox"/> Jitney

CITY OF HOUSTON
SCHEDULE C
CHARACTER REFERENCE

Name of Applicant:

Last	First	Middle Initial	TXDPS Driver's License #
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Character reference information cannot be completed by applicant. Character references must have known applicant for more than one year and cannot be related to applicant in any way.

CHARACTER WITNESS #1

- Is the applicant related to you? _____
- Has he/she ever been your employee? _____
- Does the applicant use liquor in excess or take drugs? _____
- Have you found him/her trustworthy? _____ honest? _____ good character? _____

Name (Please Print) _____

Residential Address _____ Phone: _____

Business _____

Business Address _____ Phone: _____

Signature _____ Date _____

CHARACTER WITNESS #2

- Is the applicant related to you? _____
- Has he/she ever been your employee? _____
- Does the applicant use liquor in excess or take drugs? _____
- Have you found him/her trustworthy? _____ honest? _____ good character? _____

Name (Please Print) _____

Residential Address _____ Phone: _____

Business _____

Business Address _____ Phone: _____

Signature _____ Date _____

CITY OF HOUSTON
SCHEDULE M
MEDICAL EXAMINATION

Name: _____ Address: _____

Have you ever had?

Heart Trouble? _____ Epilepsy? _____ Fainting Spells? _____ Diabetes? _____ Tuberculosis? _____

If yes to any of the above, please explain: _____

THIS SECTION TO BE COMPLETED BY PHYSICIAN (Either a licensed physician or a licensed optometrist may perform visual examination. If additional space is needed, please attach separate sheet.)

Visual Acuity

Without Glasses: R 20/ _____ L 20/ _____ B 20/ _____

With Glasses: R 20/ _____ L 20/ _____ B 20/ _____

Field of Vision _____ Degrees _____ Depth Perception _____

Color Perception _____ Muscular Abnormalities _____

Hearing Without Hearing Aid: _____ Right _____ Left _____

Heart Sounds: At Apex Murmur _____ At Base Murmur _____

Rhythm: _____ Enlargement Indicated _____

Pulse: Rate _____ Regularity: _____

Blood Pressure: Systolic: _____ Diastolic: _____

Condition of Arteries: Sclerosis: _____ Pulsations: _____

Lungs: Rate: _____ Breathing Sounds: _____

Height: _____ Weight: _____

Extremities: Deformities _____

Routine Office Urinalysis _____

Is there evidence of Infectious Disease, Mental Disability, Emotional Instability, or Drug Addition? Please explain: _____

Remarks regarding any condition not within normal limits: _____

This is to certify that I have examined _____ and certify that he/she is mentally and physically fit to safely operate and drive a vehicle-for-hire.

Physicians Signature

Date of Examination

Physicians Address

Physicians Telephone Number